

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/541,808-Conf. #6115</td> </tr> <tr> <td>Filing Date</td> <td>July 8, 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Robert N. HOTCHKISS</td> </tr> <tr> <td>Title</td> <td>DRUG DELIVERY TO A JOINT</td> </tr> <tr> <td>Art Unit</td> <td>1615</td> </tr> <tr> <td>Examiner Name</td> <td>T. J. Mahyera</td> </tr> <tr> <td>Attorney Docket No.</td> <td>2203466.00140US1</td> </tr> </table>	Application Number	10/541,808-Conf. #6115	Filing Date	July 8, 2005	First Named Inventor	Robert N. HOTCHKISS	Title	DRUG DELIVERY TO A JOINT	Art Unit	1615	Examiner Name	T. J. Mahyera	Attorney Docket No.	2203466.00140US1
Application Number	10/541,808-Conf. #6115														
Filing Date	July 8, 2005														
First Named Inventor	Robert N. HOTCHKISS														
Title	DRUG DELIVERY TO A JOINT														
Art Unit	1615														
Examiner Name	T. J. Mahyera														
Attorney Docket No.	2203466.00140US1														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
OR
☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

28089

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:
OR
☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City	State	Zip	
Country	Telephone	Email	

I am the:

☐ Applicant/Inventor.
OR
☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on

SIGNATURE of Applicant or Assignee of Record			
Signature	<i>Donna Rounds</i>		
Name	Date	20 July 2009	
	Telephone	212-774-7165	
Title and Company			
Director, Hospital For Special Surgery			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.